

ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Witham Health ServicesCity: Lebanon County: Boone Year: **2004**

Provider Type: General Acute Hospital

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Med/Surg	8	260	1,025	\$4,194
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	26	1,781	5,532	\$1,313
Neonatal Intermed	0	0	0	\$0
Obstetrics	4	176	400	\$10,310
Pediatric	0	0	0	\$0

Psychiatric	10	204	2,168	\$5,483
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	48	2,217	6,957	NA
Normal Newborn	7	249	533	\$1,130

II. Outpatient Visits			
Circulatory System	4,866	Digestive System	1,973
Endocrine System	5,180	Injuries and Poison	5,333
Mental Disorder	692	Musculoskeletal	6,377
Neoplasms	2,337	Nervous	2,648
Respiratory	2,911	Urinary	2,985
Other/Unknown	13,325	Total Visits	48,627
Number of Visits to Emergency Department			12,759
Percent of Emergency Department Visits of Total Visits			26.2%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

Y - Ambulance Service (Owned)	N - Alcohol/Drug Service	Y - Anesthesia Services
Y - Audiology	Y - Blood Bank	Y - Cardiac Cath Lab
N - Cardiac-Thoracic Surgery	Y - Chemotherapy Service	N - Chiropractic Service
Y - CT Scanner	N - Dental Service	Y - Dietetic Service
N - Extracorporeal Lithotripter	N - Gerontological Service	N - Home Health Service
Y - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
Y - Magnetic Resonance (MRI)	Y - Neonatal Nursery	N - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
Y - Ophthalmic Surgery	N - Optometric Service	N - Organ Bank
N - Organ Transplant	Y - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	N - PET Imaging	Y - Postoperative Recovery
N - Psychiatric Emergency	N - Psychiatric Child	N - Psychiatric Forensic
Y - Psychiatric Geriatric	Y - Radiology Diagnostic	N - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	N - Rehab Inpat CARF
N- Rehab Inpat Non CARF Acc	Y- Rehab Outpatient	N- Renal Dialysis

Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	N - Trauma Center Certified	N - Transplant Cnt Medicare
Y - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
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